

Entered - 6-12-01- sb
CL 01L0381 - ALEXIS HOLMES

01-*e*-1621

CLAIM OF: **KEROME LOVE**
P.O. Box 92592
Atlanta, Georgia 30314

For damages alleged to have been sustained as a result of driving
over defective asphalt in the road on January 10, 2001 at 435 Ashby
Street, NW.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert M. Giff DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0381

Date: 9/21/01

Claimant /Victim KEROME LOVE

BY: (Atty) _____

Address: P.O. Box 92592 Atlanta, Georgia 30314

Subrogation: _____ Claim for Property damage \$ 105.99

Bodily Injury \$ _____

Date of Notice: 6/6/01

Method: Written, proper X

Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X

Ante Litem (6 Mo.) X

Date of Occurrence 1/10/01

Place: 435 Ashby Street, NW

Department _____

Division: _____

Employee involved _____

Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained vehicular damages when he drove over buckled asphalt in the road. However, during an investigation it was discovered a construction company had performed work at the location in question, and not the City. The claimant has been advised to pursue his claim against the construction company. Furthermore, the City did not have notice that the defect existed prior to the incident involving the claimant.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written X Oral X

Pictures X Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-21-01

Committee Action: _____ Council Action _____

Holmes
06/11/01

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED
JUN 06 2001
MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: 05 - 2001

ENTERED - 06-12-01 - DP
01L0381 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: JAN 10th 2001 2. Time of Incident: _____ 3. Police called: _____
(month/day/ year) Yes No

4. Location of incident (including street address): 435 Ashby St. A.W. TRAVELING THROUGH

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: Damage to front end alignment + tires

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: NISSAN (Make) 2001 (Year) 374 RGTGA (Tag Number) KEROME LOVE (Driver's Name)

City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)

9. Witness: _____ (Name) _____ (Address) 404-758-1537 (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

KEROME LOVE (Print Claimant's Name)
P.O. Box 92592
ATLANTA GA 30314 (Address)

Atl. (City, State and Zip Code)

770-525-1756 (Work Number) 179# (Home Number)

01-R-1621